



SALMON RIVER CENTRAL SCHOOL DISTRICT
FORT COVINGTON, NEW YORK 12937

CLAIM FORM - TEACHER ASSISTANT/AIDE AS SUBSTITUTE TEACHER

This is to certify that I, _____,
with last 4 digits of SS# __ __ __ __, have worked as a Substitute Teacher as follows:

Table with 6 columns: Teacher's Name, Date, Building, Full Day, Half Day, Quarter Day. Multiple empty rows for data entry.

Full Time Position Status (Please check one):

Teacher Assistant Teacher Aide

Signed: _____ Date: _____

Approved By: _____ Date: _____
Program Administrator

INSTRUCTIONS: If you wish to make changes to your federal or state exemptions, you need to complete a new W-4 & IT-2104(Employee's Withholding Allowance Certificate). These forms are available in the Salmon River Business Office and on the www.srk12.org website.

PAYROLL CLAIM FORMS MUST BE RECEIVED BY THE BUSINESS OFFICE IN ACCORDANCE WITH THE DISTRICT PAY SCHEDULE.

Forward completed form(s) to:
Salmon River Central School District - Business Office
637 County Route 1
Fort Covington, New York 12937

FOR OFFICE USE ONLY

TOTAL DAYS _____ X RATE / DAY \$ _____ = \$ _____

BUDGET CODE: Elementary Middle School High School Mohawk School
AA 211014030000 AA 211014040000 AA 211014050000 AB211014030000
AA225014030000 AA225014040000 AA225014050000 AB225014060000

AUTHORIZED: _____ AIDE (AA/BXXXX-160-XXXXXX)